

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	4					
6	4					
7	4					
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50						
TOTAL IND.	6					
TOTAL DEP.	30					
TOTAL CLAIMS	36					

	IND	DEP	IND	DEP	IND	DEP
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